

Residential Burglary
check off sheet

Case number			
Date			
Time			
	Yes	No	
Description of location/building.?			
Victim interviewed?			
How discovered?			
Point of entry determined?			
Manner of entry?			
Determine time of entry?			
Last time secure?			
Is there a suspect?			
Has suspect been contacted?			
Is there a witness?			
Has witness been contacted?			
Where were occupants at time of offense?			
Condition of location upon arriving? (lights on, curtains, windows, doors, items moved)			
Recent visitors? (service providers)			
Other offenses near, pattern or trend noted?			
Photograph crime scene?			
Stolen property determined?			
Physical evidence collected?			
DNA			
Fingerprints			
Other physical evidence? (shoeprints, fibers, hairs, etc.)			
Anyone expressed interest in stolen items and/or location?			
Anything else done besides theft?			
Anyone else have keys?			
Neighborhood canvass?			
Pawnshops checked?			
Supplementary report or detailed ACI completed?			
Re-contact victim			
Any broadcasts initiated?			
<p>Notes:</p>			